

1D. A declaration is not being supplied at this time. A declaration will be executed in due course and forwarded in accordance with 37 CFR 1.53(b) and 37 CFR 1.53(f).

2. Transfer the drawings from the prior application to this application and abandon said prior application as of the filing date accorded this application. A third copy of this letter is attached for filing in the prior application file.

X 3. Priority is claimed under 35 U.S.C. 119/365 based on filing in United States (country).

Application No.	Filing Date	Application No.	Filing Date
(1) 09/976,700	10/11/2001	(2)	
(3)		(4)	
(5)		(6)	

 a. (No.) Certified copy/copies attached.

 b. Certified copy/copies previously filed on 10/11/2001 in U.S.

X Application No. 09/976,700.

 c. Certified copy/copies filed during International stage of PCT/ .

 d. Priority is also claimed from PCT/ filed .

X 4. Prior application is assigned to Microsemi, Inc. by means of an Assignment recorded at Reel 012255, Frame 0442.

 5. Attached is an Assignment and Cover Sheet. Please return the recorded Assignment to the undersigned. (NOTE: add assignment filing fee below.)

X 6. The power of attorney in the prior application is at least:
Michael G. Cameron, Reg. No. 50,298
Jackson Walker L.L.P.
2435 North Central Expressway
Suite 600
Richardson, TX 75080

X 7. Recognize Michael G. Cameron, Reg. No. 50,298 as having power of attorney.
(Name and Reg. No.; Address as in item 8 unless otherwise indicated)

X 8. Address all future communications to:
Michael Cameron, Esq.
Jackson Walker L.L.P.
2435 North Central Expressway
Suite 600
Richardson, TX 75080
Customer Number 25555

X 9. Amend the specification as set forth in the attached Preliminary Amendment.


 10. Small entity status is hereby claimed.

- X 11. **PETITION to extend the life of the above prior application to at least the date hereof.** (One box must be X'd)
- _____ is being concurrently filed in that prior application.
- _____ was previously filed in that prior application (Check length of prior extension).
- X is not necessary for copendency (**Double check** before X'ing this box).
- X 12. **INFORMATION DISCLOSURE STATEMENT:** Attached is Form PTO-1449 listing documents cited by Applicant or the PTO in the parent application(s) relied upon under 35 U.S.C. 120 and referenced above. Per Rule MPEP 609 copies of those documents are not required now. Please fully consider those documents and advise that they have been considered in this new application by returning a copy of the enclosed Form PTO-1449 with the Examiner's initials in the left column per MPEP 609.
- _____ 13. Attached is a Rule 103(a) Petition to Suspend Action.
- X 14. **PRELIMINARY AMENDMENT to be entered before fee calculation:** (Do not make amendments here except for correction of improper multiple dependencies or cancellation of whole claims or multiple dependencies for purpose of reducing the filing fee per MPEP §§ 506 and 607; do not cancel all claims).
Prior to a first Office Action, Kindly amend the Application as follows:
- | | | |
|--------------|----------------------|------------------|
| <u> X </u> | Please cancel Claims | <u> 1-22 </u> |
| <u> X </u> | Please retain Claims | <u> 23-33 </u> |
| _____ | Please add Claims | _____ |
- X 15. The following Filing Fee calculation is based on the claims filed less any claims canceled by the Preliminary Amendment of Item 14.

FEE CALCULATION							FEE
Basic Fee	Number Filed	Design Appln./ Utility Appln.	Number Extra	Design Small /Large Entity Rate \$165/330	or	Utility Small/Large Entity Rate \$375/750 =	\$ 750.00
Total Claims	11	-20 =	<u>0</u> (at least 0)	X 9	or	X 18	\$0
Independent Claims	1	- 3 =	<u>0</u> (at least 0)	X 42	or	X 84	\$0
MULTIPLE DEPENDENT CLAIM PRESENT? YES _____ NO <u>X</u>							\$0
If assignment is "x'd" (Item 5) add recording fee (\$40.00)							\$ 00.00
If "petition" Item 11 above is "X'd" add petition fee (\$130.00)							\$ 00.00
Total Filing Fee							\$ 750.00

- X 16. ATTACHED: (other) acknowledgment postcard
- X 17. A check in the amount of \$750.00 to cover the TOTAL FEE is attached. Please charge any deficiency or credit any overpayment to Deposit Account No. 50-1752.
- _____ 18. Please charge Deposit Account No. _____ in the amount of \$ _____ to cover the TOTAL FEE. This sheet is attached in duplicate.
- CHARGE STATEMENT: The Commissioner is hereby authorized to charge any missing or insufficient fee(s) filed, or asserted to be filed, or which should have been filed herewith, OR credit any overpayment to Deposit Account No. 50-1752, for which purpose a duplicate copy of this sheet is attached.
- X 19. Any inquiries regarding this communication may be directed to the undersigned attorney at the telephone number shown below.

Respectfully submitted,

By: 
Michael G. Cameron
Registration No. 50,298

Date: August 28, 2003

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